Military Spouse Application Instructions

Submit this application **AS AN ATTACHMENT TO YOUR LICENSE APPLICATION** if your spouse is serving on active duty as a member of the United States Armed Forces and you want to have education and/or examination requirements for this license waived. Attach a copy of your spouse's most recent Permanent Change of Station (PCS) travel order to Texas.

1. Provide your full name and any other names you may have used.

2. Provide your daytime phone number where we can contact you.

3. Provide your email address where we can contact you.

4. Provide your social security number.
    Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their Social Security Number (SSN) when filing an application. The SSN that is provided is confidential and is required to enforce Child Support orders. Failure to provide the SSN will prevent a license from being issued and could ultimately lead to termination of the application.

5. Indicate the type of license for which you are applying. Some examples include, but are not limited to, Cosmetology Operator, Class A Barber, or Journeyman Electrician. The supplemental application should be submitted with the license application.

6. Provide your spouse's full name.

7. Attach a copy of your spouse's most recent Permanent Change of Station (PCS) travel order to Texas.

8. Indicate if you currently hold the license for which you are applying in another state. If you do hold this license in another state, the license must not be expired. Attach a copy of the license. The Department will determine if that state's licensing requirements are substantially equivalent to those in Texas.

9. Indicate if you have held this license in Texas within the last five years AND have lived outside of Texas for at least six months within those five years. Provide the license number for that license.

10. Sign the application to certify that all of the information you have provided is true and accurate.

Checklist:
☐ Military Spouse Application
☐ License Application and Fee
☐ A copy of your spouse's most recent Permanent Change of Station (PCS) travel order to Texas
☐ Proof of current out-of-state license (if applicable)

SUPPLEMENTAL APPLICATION FOR:

Military Spouse

PURSUANT TO OCCUPATIONS CODE, CHAPTER 55

Submit this application as an attachment to your license application if your spouse is serving on active duty as a member of the United States Armed Forces and you want to have education and/or examination requirements for this license waived. Attach a copy of your spouse's most recent Permanent Change of Station (PCS) travel order to Texas. There is no additional fee for this Military Spouse application.

Applicant's Full Name:

_____   _____   _____   _____
Last   First   Middle   Suffix (JR, SR, III)

Applicant's Daytime Phone Number:

(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Applicant's Email Address:

_____

Applicant's Social Security No.:

___ ___ ___ - ___ ___ - ___ ___ ___ ___

Type of License for Which You Are Applying:

_____

Spouse's Full Name:

_____   _____   _____   _____
Last   First   Middle   Suffix (JR, SR, III)

Attach a copy of your spouse's most recent Permanent Change of Station (PCS) travel order to Texas

Please answer the following questions:

☐ YES   ☐ NO   Do you currently hold this license type in another state? If yes, please attach proof of license. The Department will determine if that state's licensing requirements are substantially equivalent to those in Texas.

☐ YES   ☐ NO   Have you held this license in Texas in the last five years AND lived outside of Texas for at least six months within those five years?
If yes, please provide TDLR license number: _____

Signature

I certify all information submitted on this form and any attachments to be true and accurate. I understand that providing false information on this application or any attachments may result in imposition of administrative penalties and/or sanctions, including denial or revocation of the license or registration.

Applicant's signature _____ Date _____